Annex 3: Extraction Table

Reference	Abstroct	Year	Country of origin	Does the article discuss AI in primary care, in healthcare in general, or any other specific healthcare setting?	Type of article/study e.g. original research, review articles, discussions, report. If research ar review, qualitative ar quantitative?	Short summary of content (if Discussion/Whitepaper). PICO (only if empirical)?	Most significant findings/conclusions	Objective 1A: Do the article themes on inequality match the themes in the conceptual model? Which themes? Give numbers? It as per attached figure. What are the main points?	Objective 18: Does the article latraduce any themes on Al and langualities not covered in the model?	Objective 2: Does the article describe how the implementation of AI can affect the patient-doctor relationship, and how this could have implications for healthcare equality?	Dijective 3: 6. Does the article describe the role of infrostructures, organisational processes and personal involved in implementing an AI system, and how the implementation could offect healthcare equality?	Interesting references?	Interesting references?	Added after peer reading?
the era of covid-19 healthcare?" The BMJ 372.	tackle the covid-19 pandemic, but bias and discrimination in its design and deployment risk exacerbating existing health inequity argue David Leslie and colleagues	2021	UK	General Healthcare	Diccussion	Risk of widened inequality in the context of C19 if Al is implemented broader.	Main focus on data representation and societal blases. Interesting point about trust of doctors in system.	9, 10. Blas and underrepresentaion. 3: Trust, but the article focuses on trust of doctors, and how doctors may suspect the AI of being biased and thus mainly use it on "majority" patients.	Trust of <u>doctors</u> , and how doctors may suspect the Al of being biased and thus mainly use it on "majority" patients.		"Cascading" health inequalities through three different mechanism: Datasets/algorithms, application injustice (only some benefit, widening gap), and power imbalances in problem formulation and agens setting. Blustration! Also useful advise reg			
Abriamoff, M. D., et al. (2020). "Lessons Learned About Autonomous Al: Finding a Safe, Efficacious, and Ethical Path Through the Development Process." American Journal of Ophthalmology 214: 134-142.	Artificial intelligence (AI) describes systems capable of making decisions of high cognitive complexity; autonomous AI systems in healthcare are AI systems that make clinical decisions without human oversight. Such rigorously validated medical diagnostic AI	2020	USA	General healthcare, Primary care (sub discussion reg retinopathy system)	Discussion	Discussion AI ethical issues in ophtamology, focusing on algorithmic bias, privacy and accountability.	Potential to do good if well managed. Discusses importance of not just talk about algorithmic fairness in equality, as this required knowledge of all the degrees of potential impact.	2: Increased accessability. 10:41: Concerns of ethnic and gender bias (refers to Obermeyer): Design so that operations are reduced to scientific characteristics and clinical knowledge rather than prosises (which could be race etc), "algorithmic fairness," or the ability to computationally	No		Very briefly discusses the importance of correct implementation, but no examples or theories.	Challen R, Denny J, Pitt M, Gompels L Edwards T, TsanevaAtana sova K. Artificial intelligence, bias and	Goodman, S. N., Goel, S., & Cullen, M. R. (2018). Machine learning, health disparities, and causal	
Alami, H., et al. (2020). "Artificial intelligence in health care: Laying the Foundation for Responsition for Responsition, sustainable, and inclusive innovation in low- And middle-income countries." Globalization and Health 16(1).	The World Health Organization and other institutions are considering Artificial Intelligence (AI) as a technology that can potentially address some health system gaps, especially the reduction of global health inequalities in low- and middle-income countries (LMICs.)	2020	Canada	General healthcare	Discussion	Al's potential to improve global health equality, advice for implemention of Al in LMICs.	Five points to maximise benefits and aviod worsening inequalities: 1. Training for all involved in basic Al. 2. Robust monitoring. 3. Contextual needs must be addressed. 4. Proven benefit compared to other interventions such as doctors retention. 5. Inclusive development and	Increased availability, affordability. 6. Improved acceptability for sigmatised illness. 9. Underrepresentation in LMIC in datasets. 10. Bias.	Creates risk for intentional ethnic discrimination through proxy- classifying. Risk of medicalising issues that is best addressed through SDH		Importance of community involvement and a holistic approach incl SDH to maximise gains and avoid risks.	World Health Organization. Big data and artificial intelligence for achieving universal health coverage: an		
Amann, J., et al. (2020). "Explainability for artificial intelligence in healthcare: a multidisciplinary perspective." BMC Med Inform Decis Mak 20(1): 310.	BACKGROUND: Explainability is one of the most heavily debated topics when it comes to the application of artificial intelligence (Al) in healthcare. Even though Al-driven systems have been shown to outperform humans in certain analytical tasks, the lack of explainability continues to spark	2020	Switzerland	General healthcare	Discussion	Explainability explored from a bioethical perspective. Under Justice, there is the case that explainability is necessary for justice	Bias is inevitable, explainability is necessary to mitigate. Also need to make doctors aware of bias risks and subsequent risks of opaque systems.	Risk of inequality if trust difference. 10, 11. Blas, risk and need to mitigate,	Strong focus on explainability, as a way to manage bias.	0		Obermeyer Z, Powers B, Vogeli C, Mullainathan S. Dissecting racial bias in an algorithm used to manage the		
Boers, S. N., et al. (2020). "SERIES eHealth in primary care. Part 2: Exploring the ethical implications of its application in primary care practice." Eur J Gen Pract 26(1): 26-32.	Background: eHealth promises to increase self-management and personalised medicine and improve cost-effectiveness in orimary care. Paired with these promises are ethical implications, as effeath will affect patients' and primary care professionals' (PCPs) experiences, values, norms, and	2020	Netherlands	Primary care	Discussion	Discusses equality and general ethical aspects of eHealth in general, and Personalised digital decision making* Le. Al.	to botth algoritms and differences in usage among different population. General risk of dehumanisation, which is seen as generally negative, but positive reg some sensitive issues.	and 6 but not specifically equality, 10 (bias).	0	Risk of dehumanisation and pushing responsibility to patients, potentially widening gaps.	Importance of defining the role of the human provider in the system to avoid adverse effects of Al, not specifically equality but more generally quality.	Bodie G, Dutta M. Understandin g health literacy for strategic health marketing: eHealth		
Balthazar, P., et al. (2018). "Protecting Your Patients' Interests in the Era of Big Data, Artificial Intelligence, and Predictive Analytics." J Am Coll Radiol 15(3 Pt B): 580-586.	The Hippocratic cath and the Belmont report articulate foundational principles for how physicians interact with patients and research subjects. The increasing use of big data and artificial intelligence techniques demands a re-examination of these principles in light of the	2018	USA	General healthcare	Discussion	Focused on data rights and ethical implications of AI in radiology, but generalisable.	frameworks.	Digital divide.	Risk of availability bias due to cost. More relevant in private healthcare settings?					
Buch, V. H., et al. (2018). "Artificial intelligence in medicine: Current trends and future possibilities." British Journal of General Practice 68(668): 143- 144.	within medicine is growing rapidly. In 2016, healthcare AI projects attracted more investment than AI projects within any other sector of the global economy.1 However, among the excitement, there is	2018	UK	Primary care	Discussion	What will All mean for primary care? It will support Drs, not replace.	Generally very positive, concluding Al's ability to complement on suitable tasks.			Improved efficiency.	The biggest hindrance is likely the public perception of Al in medicine. Thus incremental that Drs remain in control.			
Bigman, Y. E., et al. (2021). "Threat of racial and economic inequality increases preference for algorithm decision-making." Computers in Human Behavior 122.	algorithms hold promise to reduce inequalities across race and socioeconomic status. One of the most important domains of racial and economic inequalities is medical outcomes; Black and low-income people are more likely to die from many diseases.	2021	USA	General healthcare	Quantitative	P: mTurk in US and Korea. I: Treat of inequality in treatment - choice of AI or doctors. C: No threat. O: Amount chosing to have an AI decide their care. Asked pupils in Korea and mTurk in US on wether they would want to see an AI or a doctor in a hospital triage. Interventions was to introduce a	Threat of inequality increases acceptability of Al. Black americans more keen for Al after treat compared to white.	11. Less risk. 10. Risk of bias, but less than humans! 4. More trustworthy! 3. Equal trustworthyness intitially, no worse for Black.	0		Threat of current inequiality makes patients more accepting of AL.	Laï, M. C., Brian, M., & Mamzer, M. F. (2020). Perceptions of artificial intelligence in healthcare: findings from		
Clark, C. R., et al. (2021). "Health Care Equity in the Use of Advanced Analytics and Artificial Intelligence Technologies in Primary Care." J Gen Intern Med 36(10): 3188-3193.	The integration of advanced analytics and artificial intelligence (Al) technologies into the practice of medicine holds much promise. Yet, the opportunity to kever these tools carries with it an equal responsibility to ensure that principles of equity are incorporated into their	2021	USA	Primary care	Discussion	Importance of GP in general to consider SDH, and a general tack of SDH data collected in GP. Inequalities goes beyond healthcare and should be addressed accordingly. All Als should be evaluated for equality also with regards to access and not only accuracy. Pro-equality		1, 2.9, 10, 11.	Diffusely focuses on having an equality perspective beyond the algorithms, and to focus on SDHs with the help of All in PC.		Diffusely focuses on having an equality perspective beyond the algorithms, and to focus on SDHs with the help of All in PC.	Matheny ME, Thadaney Israni S, Ahmed M, Whicher D. Al in Health Care: The Hope, the Hype, the		
Coiera, E. (2019). "The Price of Artificial intelligence." Yearbook o medical informatics 28(1): 14-15.	artificial intelligence (AI) is yet to appear, today's narrow AI is already good enough to transform much of healthcare over the next two decades. OBJECTIVE: There is much discussion of the potential benefits of AI in healthcare add this paper reviews the cost that	2019	Australia	General Healthcare	Discussion	Summarises issues with Al in medicine.	All is narrow. May help simple quick patients more.	Lower functional access for disadvantaged populations. 5. Dehumanication/medicalization worse for complex patients.			The most demanding and influential patients are young and healthy, and are likely to push for AL. "To not engange (in the transformation) is to pay the highest price"	Marshall M, Shah R, Stoke: Lampard H. Online consulting in general practice: making the move from		
Embi, P. J. (2021). "Algorithmovigilance - Advancing Methods to Analyze and Monitor Artificial Intelligence-Driven Health Care for Effectiveness and Equity." JAMA Network Open 4(4).	in recent years, there has been rapid growth and expansion in the use of machine learning and other artificial intelligence approaches applied to increasingly rich and accessible health data sets to develop algorithms that guide and support health care. I As they make their way into practice, such	2021	USA	General Healthcare	Discussion	Refers to another article, discusses three different ways of deblazing an algorithm predicting post-partum depression. I predict more in White than black women, due to societal blas.	Debiasing studies very important.	10, 11. Bias and debiasing.			Emphasises the importance of careful implementation, no details	Park Y, Hu J, Singh M, et al Comparison of methods to reduce bias from clinical prediction models of postpartum		
Ferryman, K. (2020). "Addressing health disparlites in the Food and Drug Administration's artificial intelligence and machine learning regulatory framework." Journal of the American Medical Informatics Association 27(12): 2016-2019.	offer opportunities to leverage these data to mitigate health disparities. However, these tools	2020	USA	Generari Healthcare	Discussion	Recommendations to FDA on updated, more holistic equity review processes for new products.	The actual usage of the AI system affects equality as well - a system can be chosen to be implemented only of disadvantaged groups, for example, in order to reduce disparities.				Risk of over-emphasis on agilty reg regulation, due to the fast rate of development and change.	Ghassemi M. Can Al help reduce disparities in general medical and mental health		
Cave, S., et al. (2021). "Using Al ethically to tackle covid-19." Bmj 372: n364.	Taking a principled approach is crucial to the successful use of Al in pandemic management, say Stephen Cave and colleagues	2021	UK	General healthcare	Discussion	but expanding into Al in general.	Benefits and challanges - AI can be good but needs caution.	availability. 3. Distrust among historically discriminated groups. 9. Underrepresentation. 10. Underlying bias.				Veinot TC, Mitchell H, Ancker JS. Good intentions are not enough: how informatics interventions		
Blease, C., et al. (2018). "Computerization and the future of primary care: A survey of general practitioners in the UK." PLoS One 13(12): e0207418.	OBJECTIVE: To describe the opinions of British general practitioners regarding the potential of future technology to replace key tasks carried out in primary care. DESIGN: Cross sectional online survey. PARTICIPANTS: 1,474 registered GPs in the United Kingdom. MAIN	2018	UK	Primary care	Quantitative	they think will be replaced by Al in the future, and timescale.	replace GPs empathy. Diagnosis and prognosis was the two most "Al-likely" tasks. Also "However, as leading informaticians caution, cycles offlype camouflage broader historical trends: "Amaris Law is the observation that we tend to		No	The article implies that a partial or total replacement of GPs with Al for certain tasks requiring empathy would result in reduced quality, if done. NB that GPs are not Al experts.				
Blease, C., et al. (2019). "Artificial intelligence and the future of primary care: exploratory qualitative study of UK general practitioners' views." Journal of Medical Internet Research 21(3).	BACKGROUND: The potential for machine learning to disrupt the medical profession is the subject of ongoing debate within biomedical informatics and related fields. OBJECTIVE: This study aimed to explore general practitioners' (GPS') opinions about the potential impact of	2019	UK	Primary care	Qualitative	P: 66 GPs in UK. I: hypothetical replacement of GPs on 6 different primaty care tasks, limitations and benefits. CO O: GPs wws as limitations, benefits and ethical concerns.	Limitations and concerns focuse on lack of patient-centreness and empathy, non-verbal cues. No GP- mentioned bias.	S. dehumanisation. 2. availability positively impacted.		General scoptisim. GPs do not mention bias.	Effective implementation may be hindrered by current high workload of GPs.	Blease C, Bernstein MH Gaab J, Kaptchuk TJ, Kossowsky J, Mandi KD, et al. Computerizati on and the		

Cirillo, D., et al. (2020). "Sex and gender differences and biases in	Precision Medicine implies a deep understanding of inter-individual	2020	Spain	General healthcare	Review	Lists several kinds of intrisic bias, but also underscores the	Distinguish between desirable and undesirable bias. Explainable	underlying bias, 11 opportunity to				Can, A. I. Help reduce		
artificial intelligence for biomedicine and healthcare." npj	differences in health and disease that are due to genetic and					opportunity of AI to include "wanted" bias.	algorithms.	introduce desirable bias				disparities in general		
Digital Medicine 3(1).	environmental factors. To acquire such understanding there is a											medical and mental health		
1	need for the implementation of different types of technologies											care? AMA J. Ethics 21,		
1	based on artificial intelligence (AI)											E167-E179		
Holford, W. D. (2020). "The repression of métis	[Numerous organizations are placing great emphasis on such	2020	Canada	General	Discussion	Digital technology represses "metis", which is a loss for the	When something that used to include human skills is digitalised,			Al can not outright replace humans without a loss of quality,	Al can not outright replace humans without a loss of quality,			
within digital organizations." Prometheus 36(3): 253-276.	techniques as evidence-based protocols to automation and					setting they are applied in.	"metis" gets repressed; nuances and intuition is very hard or			merely complement.	merely complement.			
Prometneus 36(3): 253-276.	artificial intelligence (AI) with the						impossible to translate straight to							
1	aim of improving efficiency and maximizing profitability. Such						computer systems and AI. This "truncates knowledge" and is a							
1	instrumental techniques attempt to formalize all manner of						threat to personalised and compassionate care.							
Blease, C., et al. (2020). "US	OBJECTIVE: To solicit leading	2020	USA	Primary care	Qualitative	P: 16 health informaticians. I:	Informaticians are here generally	2. Increased availability by	Risk of availability bias due to	2029 Al will affect GPs a lot, but	One participant predicted that	Doraiswamy		
primary care in 2029: A Delphi survey on the impact of machine	health informaticians' predictions about the impact of AI/ML on					Impact on patient care, acc, workforce and long-term future	very positive	amounts. However risk for divide due to cost. 11. Less bias.	cost. More relevant in private healthcare settings? <u>More</u>	they will notbe replaced.	doctors will have to learn more informatics to be able to properly	PM, Blease C, Bodner K.		
learning." PLoS One 15(10 October).	primary care in the US in 2029. DESIGN: A three-round online					for GPs. C: 0 O: Delphi			empathy, for undisclosed reasons.		manage Al.	Artificial intelligence		
1	modified Delphi poll. PARTICIPANTS: Twenty-nine											and the future of psychiatry:		
1	leading health informaticians. METHODS: in September 2019.											Insights from a global		
Holzmeyer, C. (2021). "Beyond 'Al	This paper reflects on proliferating	2021	USA	General healthcare	Discussion	Risks of Al hype in society and	Precision medicine can take focus	10. Bias. 1. Digital divide and cost	Focusing on parrow interventions		As mentioned, risk of Al being	a gionai		
for Social Good" (AI4SG): social transformations—not tech-	Al for Social Good (AI4SG) initiatives, with an eye to public					health	from equality-wise more important public health		instead of upstream sources of inequality.		"precision medicine focused", which is inherently grone to			
fixes—for health equity."	health and health equity. It notes that many AI455 initiatives are						interventions and social care. Also		пецыих.		inequiaities, compared to public			
Interdisciplinary Science Reviews 46(1-2): 94-125.	shaped by the same corporate						risk for bias in data.				health applicaltons. For example, "what if US scientific, health and			
1	entities that incubate Al technologies, beyond democratic										business leaders were equally or more enthusiastic			
	control, and stand to profit										about acting on current research			
Cordeiro, J. V. (2021). "Digital Technologies and Data Science as	Digital technologies and data science have laid down the	2021	Portugal	General Healthcare	Review, narrative	Summarises issues with Al in medicine.	Various points along ethical principles. Trust, fairness and	Lower functional access for disadvantaged populations, but 2:				McAuley A. Digital health		
Health Enablers: An Outline of Appealing Promises and	promise to revolutionize healthcare by transforming the						dehumanisation important themes.	more availability. 5. Dehumanisation/medicalisation				interventions: widening		
Compelling Ethical, Legal, and	way health and disease are							worse for complex patients. 9, 10,				access or		
Social Challenges." Frontiers in Medicine 8.	analyzed and managed in the future. Digital health applications				1		1	11: Risk for bias in datasets, but opportunity to visualise and				widening inequalities? P		
	in healthcare include telemedicine, electronic health				1		1	mitigate.				ublic Health. (2014)		
Keyes, O., et al. (2021). "Truth		2021	USA	General	Discussion	Keyes et al (5) set out to describe	Risk that Al is seen as objective	5, (but does not discuss equality)			Tricky one to read this!			
from the machine: artificial intelligence and the	about the technologies, social practices and mythologies that					the relation between AI and identity, and as part of that the	truth due to both black box and mythology. This may lead to false							
materialization of identity." Interdisciplinary Science Reviews	comprise Artificial Intelligence (AI) in many domains. In this paper,					relations between AI and scientific studies. They theorise that AI, as a								
46(1-2): 158-175.	we investigate the intersection of two domains of criticism: identity				1	consequence of both "mythology" and the black-box dilemma of	Autism's correlation with genes is taken as an example .							
	and scientific knowledge. On one hand, critics of Al in public policy				1	deep-learning systems, may be seen as an objective truth, as such								
Deferio, J. J., et al. (2019). "Social		2019	USA	General Healthcare	Discussion	Seen as an objective truth, as such The case for Al-tools to extract	Al can improve access to		The ability to highlight general					
determinants of health in mental health care and research: a case	(SDOH) are known to influence mental health outcomes, which]	socioeconomic data	psychiatric care thorugh identifying low SES, enabling		socioeconomic drivers of poor health, and target interventions.					
for greater inclusion." J Am Med	are independent risk factors for				1		identifying low SES, enabling targeted interventions.							
Inform Assoc 26(8-9): 895-899.	poor health status and physical illness. Currently, however, existing SDOH data collection													
1	existing SDOH data collection methods are ad hoc and													
	inadequate, and SDOH data are													
Kottler, N. (2020). "Artificial Intelligence: A Private Practice	Artificial intelligence (AI) is an exciting technology that can	2020	USA	Radiology	Discussion	Experiences from a private radiology company who is using A	Close contact with stakeholders Important for acceptability and	2: increased capacity. 9, 10 11, bias in datasets.	no	No	Implementation needs to be done in close contact with stakeholders.			
Perspective." J Am Coll Radiol 17(11): 1398-1404.	transform the practice of radiology. However, radiology Al						adoption. Clear feedback system to developers important to keep				In this case, the importance of involving radiologists in the			
	is still immature with limited adopters, dominated by academic						trust and engagement.				implementation and choise of Al- tasks was improtant for			
1	institutions, and few use cases in										acceptability.			
1	general practice. With scale and a focus on innovation, our practice													
Fejerskov, A. M. (2021).	Advances in Al and machine	2021	Denmark	General Healthcare	Discussion	Bias is complex and multifactoral.	Transperancy is not just a data	10, 11.						
"Algorithmic Bias and the (False) Promise of Numbers." Global	learning systems have given rise to a contemporary euphoria of						question, it is also a question of business secrets - it's not all in the							
Policy 12(56): 101-103.	progress. This commentary discusses the challenges posed by						code.							
l	advances in artificial intelligence, or more precisely the increasing													
l	usage of algorithmic systems, in global health, sometimes carried													
Maitland, S., et al. (2020). "Al:	Introduction	2020	UK	General Healthcare	Discussion	Focus on algorithmic bias, no	Risk of bias from data, need to	9,10,11.	Risk of confirmation bias: we trust	No	Need for testing in real-life	Academy of		
simply reinforcing medicine's worst biases?" BMJ Innovations	The emergence of Machine Learning (ML), the application of					system effects.	properly evaluate systems in various socioeconomic settings,		the Al when it says what we want but not when it doesnt.		socioeconomically diverse areas to ensure no blases.	Medical Royal Colleges.		
6(4): 117-120.	the more general field of Artificial Intelligence, to automate						ensure social data is being captured to allow evaluation.					Artificial Intelligence in		
1	statistical inference to detect						captured to snow evaluation.					Healthcare		
1	patterns in data, has opened up entire new domains of complex											(Internet). 2019 (cited		
	data analysis. This is especially											2019 May 9].		
Marshall, M., et al. (2018). "Online consulting in general		2018	UK	Primary care	Discussion	Written by the leadership of RCGP on risk of disruption from eHealth	undermining the current funding	1, 2, 5, 6,			Importance of finding the right application for new interventions			
practice: making the move from disruptive innovation to						(not specifically AI, mainly remote in some way)>	change to increase accessability				with a system perspective.			
mainstream service." Bmj 360: k1195.							and acceptability. Could also free up resources.							
							1							
					<u> </u>		<u> </u>							
Martinez-Martin, N., et al. (2021). "Ethical issues in using ambient	Ambient intelligence is increasingly finding applications in	2021	USA	General Healthcare	Discussion	Ambient intelligence; a subset of Al continiusly monitoring data in	From an equality point-of-view: Bias may come all the normal	9, 10.	Risk of skewed percepetion of "normality" if developers and		Implemtation needs to be done with an equality perspective, as			
intelligence in health-care settings." Lancet Digit Health 3(2):	health-care settings, such as helping to ensure clinician and				1	health settings "from the outside". Lots of focus on privacy	ways but also from the people labelling and developing the		evaluaters concist of homogenous groups. Related to 10, hideen		there is a risk of only benefitting the already well off.			
e115-e123.	patient safety by monitoring staff				1	issues specific to ambient	datasets - important to keep a		groups. Kelated to 10, hideen blasses.		areasy wer Oil.			
	compliance with clinical best practices or relieving staff of				1	monitoring.	diverse workforce there to avoid skewed perceptions of							
	burdensome documentation tasks. Ambient intelligence				1		"normality".							
Chen, I. Y., et al. (2019). "Can Al	Abstract Background: As machine	2019	USA	Psychiatry	Quantitative	Ethnicity, socioeconomic and	More accurate for white men.	9, 10.	No					
help reduce disparities in general medical and mental health care?"	learning becomes increasingly common in health care					gender data compared when modelling ICU mortality and	Predicts (rightly, but biased?) higher mortality for ethnic							
AMA journal of ethics 21(2): 167- 179.	applications, concerns have been raised about bias in these					psych readmission probability on free-text data.	minorities and women.							
	systems' data, algorithms, and recommendations. Simply put, as													
(
1	health care improves for some, it			I		Unequal distribution of both AI	Big opportunities also for	2, increased availability/lowered			Human-centred AI is key to ensure	Sujan M.	Riedl MO.	
Moreau, J. T., et al. (2020).	health care improves for some, it might not improve for all.	2020	Canada	General Healthcare	Discussion		1.	cost. 5. Worse for socially complex			equal AI, from production to		Human-center	
Moreau, J. T., et al. (2020). "Biased intelligence: on the subjectivity of digital objectivity."	health care improves for some, it	2020	Canada	General Healthcare	Discussion	development, research and	improving availability and lowering costs, but needs to be				implementation See reference #7	Furniss D, Grundy K, et	ed artificial	
Moreau, J. T., et al. (2020). "Blased intelligence: on the subjectivity of digital objectivity." BMU Health Care Inform 27(3).	health care improves for some, it	2020	Canada	General Healthcare	Discussion	development, research and sampling.	lowering costs, but needs to be promoted more equally, both	patients. 9, 10. Bias and underrepresentation.			implementation. See reference #2 here to the right	Grundy K, et al. Human	ed artificial intelligence	
"Biased intelligence: on the subjectivity of digital objectivity."	health care improves for some, it	2020	Canada	General Healthcare	Discussion	development, research and	lowering costs, but needs to be promoted more equally, both geopgraphically and socioeconomically. For example,				implementation. See reference #2	Grundy K, et al. Human factors challenges for	intelligence and machine learning. Hum	
"Biased intelligence: on the subjectivity of digital objectivity."	health care improves for some, it	2020	Canada	General Healthcare	Discussion	development, research and	lowering costs, but needs to be promoted more equally, both geopgraphically and				implementation. See reference #2	Grundy K, et al. Human factors challenges for the safe use of artificial	intelligence and machine learning. Hum Behav Emerg Technol	
"Biased intelligence: on the subjectivity of digital objectivity." BMU Health Care Inform 27(3).	health care improves for some, it might not improve for all.					development, research and sampling.	lowering costs, but needs to be promoted more equally, both geopgraphically and socioeconomically. For example, "GP at hand" catering to well-off, young patients.	patients. 9, 10. Bias and underrepresentation.	In uncount criptics. At most rate.		implementation. See reference #2 here to the right	Grundy K, et al. Human factors challenges for the safe use of artificial intelligence in	intelligence and machine learning. Hum Behav Emerg	
"Bissed intelligence: on the subjectivity of digital objectivity." BMJ Health Care Inform 27(3). Nordling, L. (2019). "A fairer way forward for AI in health care."	health care improves for some, it might not improve for all. Without careful implementation, artificial intelligence could widen	2020		General Healthcare	Discussion	development, research and	lowering costs, but needs to be promoted more equally, both geographically and socioeconomically. For example, "GP at hand" catering to well-off, young patients. Important to mainstream equity throughout the whole		benefit the rich. E.g. you need an		implementation. See reference #2 here to the right Mentions the need to locally anchor initiatives to avaid	Grundy K, et al. Human factors challenges for the safe use of artificial intelligence in Ferryman, K. (2020)	intelligence and machine learning. Hum Behav Emerg Technol	
"Biased intelligence: on the subjectivity of digital objectivity." BMU Health Care Inform 27(3). Nordling, L. (2019). "A fairer way	health care improves for some, it might not improve for all. Without careful implementation, artificial intelligence could widen health-care inequality. (Figure no available: see fullers.). 2019, 9					development, research and sampling. Focus on bias, discussed	lowering costs, but needs to be promoted more equally, both geographically and socioeconomically. For example, "GP at hand" catering to well-off, young patients. Important to mainstream equity throughout the whole development and implementation process, including both distasts.	patients. 9, 10. Bias and underrepresentation. 9,10,11. 1: increased availability in			implementation. See reference #2 here to the right Mentions the need to locally anchor initiatives to avoid unexpected biases due to surrounding infrastructure,	Grundy K, et al. Human factors challenges for the safe use of artificial intelligence in Ferryman, K. (2020). Addressing health	intelligence and machine learning. Hum Behav Emerg Technol	
"Bissed intelligence: on the subjectivity of digital objectivity." BMJ Health Care Inform 27(3). Nordling, L. (2019). "A fairer way forward for AI in health care."	health care improves for some, it might not improve for all. Without careful implementation, artificial intelligence could widen health-care inequality. [Figure 0.5]					development, research and sampling. Focus on bias, discussed	lowering costs, but needs to be promoted more equally, both geoggraphically and "Gip at hand" catering to well-off, young patients. Important to mainstream equity throughout the whole development and implementation	patients. 9, 10. Bias and underrepresentation. 9,10,11. 1: increased availability in	benefit the rich. E.g. you need an X-ray machine to be able to use Al		Implementation. See reference #2 here to the right Mentions the need to locally anchor initiatives to avoid unexpected biases due to	Grundy K, et al. Human factors challenges for the safe use of artificial intelligence in Ferryman, K. (2020). Addressing	intelligence and machine learning. Hum Behav Emerg Technol	
"Bissed intelligence: on the subjectivity of digital objectivity." BMJ Health Care Inform 27(3). Nordling, L. (2019). "A fairer way forward for AI in health care."	health care improves for some, it might not improve for all. Without careful implementation, artificial intelligence could widen health-care inequality. (Figure no available: see fullers.). 2019, 9					development, research and sampling. Focus on bias, discussed	lowering costs, but needs to be promoted more equally, both geographically and socioeconomically. For example, "GP at hand" catering to well-off, young patients. Important to mainstream equity throughout the whole development and implementation process, including both distasts.	patients. 9, 10. Bias and underrepresentation. 9,10,11. 1: increased availability in	benefit the rich. E.g. you need an X-ray machine to be able to use Al		implementation. See reference #2 here to the right Mentions the need to locally anchor initiatives to avoid unexpected biases due to surrounding infrastructure,	Grundy K, et al. Human factors challenges for the safe use of artificial intelligence in Ferryman, K. (2020). Addressing health disparities in	intelligence and machine learning. Hum Behav Emerg Technol	
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Hernandez-Boussard, T., et al. (2020). "MINIMAR (MINimum	The rise of digital data and computing power have	2020	USA	General healthcare	Framework	Reporting standard for AI in medicine: MINIMAR	Focus on bias in algoritms: population behind training data	9, 10,. No focus on external effects, only "Intrinsic".						
Information for Medical Al Reporting): Developing reporting	contributed to significant advancements in artificial						incl demographics, ethnicity and socioeconomy, evaluation							
standards for artificial intelligence in health care." Journal of the	intelligence (AI), leading to the use of classification and prediction	1					methods incl external evaluation.							
American Medical Informatics Association 27(12): 2011-2015.	models in health care to enhance clinical decision-making for													
	diagnosis, treatment and													
Prabhakaran, V. and D. Martin (2020). "Participatory Machine	The pervasive digitization of health data, aided with	2020	USA	General healthcare	Discussion	Promoting participatory methods to advance fairness in Al.	Own method "Community-Based- System Dynamics", CBSD, to	ľ	Without focusing on specifics, they recommend a community-		Discussing causal chains that lead to false problem formulations:		D. Martin Jr., V.	
Learning Using Community-Based System Dynamics." Health and	advancements in machine learning (ML) techniques, has						facilitate development, see references		focus approach for equality		such as that healthcare costs are equalvalent to need (Obermeyer).		Prabhakaran, J. Kuhlberg, et	
Human Rights 22(2): 71-74.	triggered an exponential growth in the research and development of	1									Advises community engagement using CBSD (reference to right).		al., "Participatory	
	ML applications in health, especially in areas such as drug												problem formulation	
Raikomar, A., et al. (2018).	discovery, clinical diagnosis, and Machine learning is used	2018	107.0	General Healthcare	Discussion	Different ways of defining fairness	Models should be tested for both	10 11 No. and accept with the			Privilege bias: Models may		for fairer	
"Ensuring Fairness in Machine Learning to Advance Health	increasingly in clinical care to	2018	USA	General Realtricare	Discussion	(this needs a whole section, and	equal allocation and equal performance, and discrepancies be	improve			be unavailable in settings where			
Equity." Ann Intern Med 169(12):	improve diagnosis, treatment selection, and health system					perhaps inclusion in the interviews). Equal outcome (gold	discussed and potentially				protected groups receive care or require technology/sensors			
866-872.	efficiency. Because machine- learning models learn from					standard, but how?), equal performance (easy but narrow),	mitigated. Also explicit recommendation not to have				disproportionately available to the nonprotected class	e		
	historically collected data, populations that have experienced					equal allocation (one step more "advanced" than equal	"colour or gender blind" algorithms.				Informed mistrust: Given historical exploitation and			
Smith, M., et al. (2021). "From	human and structural biases in Despite increasing interest in how	2021	USA	General healthcare	Discussion	performance since it disregards How to use implementation	A common problem is prioritising	9 10 Biases and opportunit to			unethical practices, protected Again focuses on the importance			
Code to Bedside: Implementing Artificial Intelligence Using Quality	artificial intelligence (AI) can augment and improve healthcare					sicience methods (the PDSA cycle) to integrate Al into medicine, user	All over the problem it is supposed	mitigate			of basing the AI on a concrete tangible problem that needs to be			
Improvement Methods." J Gen Intern Med 36(4): 1061-1066.	delivery, the development of new Al models continues to outpace					a mixed-methods approach. Currently applications are	to some is at the section				solved, and not the other way around. Plan - do - study - adjust.	1		
Intern Wed 30(4): 1001-1000.	adoption in existing healthcare					developed away from the clinical					In the two last steps, use both			
	processes. Integration is difficult because current approaches separate the development of AI					setting and may thus lack a clear user case or not function in the complexity that is a clinical					quant markers for success and interviews with stakeholders. (PDSA)			
Karches, K. E. (2018). "Against the	Experts in medical informatics	2018	USA	Primary care	Discussion	Discusses why Al should not and	Lack of individualisation, lack of	5? Dehumanisation. No explicit		Main point of the article: Al can't	(PDSA)			
iDoctor: why artificial intelligence should not replace physician	have argued for the incorporation of ever more machine-learning					can not replace humans in primary care.	compassion, lack of ability to work with the patient and let the	equality focus.		and shouldn't replace doctors in primary care due to the				
judgment." Theoretical Medicine and Bioethics 39(2): 91-110.	algorithms into medical care. As artificial intelligence (AI) research						patient be the teacher.			fundamental patient-focused role of GPs.				
	advances, such technologies raise the possibility of an "iDoctor," a									'				
	machine theoretically capable of replacing the judgment of primary													
Kerr, D. and D. C. Klonoff (2019).	In the future artificial intelligence	2018	USA	Diabetes	Discussion	On equality risks with diabetes	Continuity of care is associated	9, underrepresentation. 7. Agency				 		
"Digital Diabetes Data and Artificial Intelligence: A Time for	(AI) will have the potential to improve outcomes diabetes care.					data and Al applications. The quantitative fallacy . On example	with better diabetes outcomes - not easily measureable but still	for self-care (althought not explicit, the article does discuss						
Humility Not Hubris." J Diabetes Sci Technol 13(1): 123-127.	With the creation of new sensors for physiological monitoring					is if someone has a hypoglycemic event, and the AI is unable to	truel	how socioeconomy changes beliefs in diabetes and diabetes						
	sensors and the introduction of smart insulin pens, novel data					understand the social, "soft" reasons behind this, and thus		management, and that Al likely would fail to grasp that if "one-						
	relationships based on personal phenotypic and genotypic					changes medication/		size fits all" based on just quant data).						
Arun, C. (2019). "Al and the	This chapter is about the ways in	2019	UK	General society	Discussion/Book chapter	Examples of ways Al affects	Several issues: Implementation	9, 10. 1 (in the case of access to			Facebook in Myanmar: Lack on			
Global South: Designing for Other Worlds."	which Al affects, and will continue to affect, the Global South. It					equality of various kinds in developing countries. Global	problem (e.g. Facebook), bias in data combined with a lack of	care in India)			established media and diverse and unequal population led to hate	4		
	highlights why the design and deployment of AI in the South					south does in some contexts also denote immigrants to "the north"	questioning the results from doctors and public, and a lack of				speech and discrimination: Facebook worked even worse that	n		
	should concern us. Towards this, it discusses what is meant by the	-				Facebook in Myanmar: Lack on established media and diverse and	diversity in development and implementation organisations				in the west!			
	South. The term has a history connected with the					unequal population led to hate speech and discrimination:	allowing all this to happen.							
Mema, E. and G. McGinty (2020).	Burnara of Review: The soul of	2020	USA	Oncology/breast cancer	Review, narrative	Goes through mechanisms for	Example of bias: low SES have	2, 9, 10, 11				Zou J,		
"The Role of Artificial Intelligence in Understanding and Addressing	our paper is to explore the role of Al in understanding health					current inequality and looks at Ais effect on them.	worse prognosis, thus the AI may chose to not give them chemo,					Schiebinger L. Al can be		
Disparities in Breast Cancer Outcomes." Current Breast Cancer	disparities in cancer care and its potential role in resolving them.						further worsening inequalities. All can work against this, flagging					sexist and racist - it's		
Reports 12(3): 168-174.	Recent Findings: Multiple studies have shown that with the recent						inappropriate Tx decisions (?)					time to make it fair. Nature.		
	advances in AI, its integration in cancer care has the potential to											2018;559(771 4):324-6.		
Dankwa-Mullan, I., et al. (2021). "A proposed framework on	The COVID-19 pandemic has created multiple opportunities to	2021	USA	General Healthcare	Discussion/framework	Recommendations to integrate health equity into Al	Important to start by analysing existing inequalities and define	9, 10, 11 - all intrinsic. Also risk of dehumanisation, 5.			Importance of community perspective and stakeholder	14. Roosli E, Rice B,		
integrating health equity and	deploy artificial intelligence (AI)-					development. Framework	desired end-targets (such as	denumanisation, 5.			consultations to ensure equity in	Hernandez-		
racial justice into the artificial intelligence development	driven tools and applied interventions to understand,					included. Good framework and introduction!	equality in blood pressure) together with affected groups.				implementation.	Boussard T. Bias at warp		
lifecycle." Journal of Health Care for the Poor and Underserved	mitigate, and manage the pandemic and its consequences.											speed: how ail may		
32(2): 300-317.	The disproportionate impact of COVID-19 on racial/ ethnic											contribute to the disparities		
Christopher, M., et al. (2020). "Effects of study population,	Purpose: To compare performance of independently	2020	Japan	Ophtalmology	Quantatative	Two different datasets with different populations was trained	Retraining of models important for different populations, but can	9. Underrepresentation.						
labeling and training on glaucoma detection using deep learning	developed deep learning algorithms for detecting glaucoma					to detect glaucoma, then tested on independent, multiethnic	be done reliably in this setting.							
algorithms." Translational Vision Science and Technology 9(2): 1-	from fundus photographs and to evaluate strategies for					datasets.								
14.	incorporating new data into models. Methods: Two fundus													
	photograph datasets from the											1		
Shaw, J., et al. (2019). "Artificial Intelligence and the	BACKGROUND: Applications of artificial intelligence (AI) in health	2019			Discussion/framework			Brief mention of bias issues (9, 10)						
Implementation Challenge." J Med Internet Res 21(7): e13659.	care have garnered much		Canada	General healthcare	Discussion/framework	Using the NASSS framework for implementation analysis, looks at	This is a great source of reference, on AI and on implementation	as a barrier to implementability.			Al needs to add value - simple decision support may not add			
	attention in recent years, but the		canada	General healthcare	Discussion/framework	Using the NASSS framework for implementation analysis, looks at Al as either decision support or automation.	This is a great source of reference, on Al and on implementation issues, if not not specifically on inequality.				decision support may not add much value in a clinical setting, but rather visualising complex			
	attention in recent years, but the implementation issues posed by		canada	General healthcare	Discussion/tramework	implementation analysis, looks at Al as either decision support or	on AI and on implementation issues, if not not specifically on				decision support may not add much value in a clinical setting, but rather visualising complex correlations may be more useful.			
	attention in recent years, but the implementation issues posed by Al have not been substantially addressed. OBJECTIVE: In this		canada	General healthcare	Discussion/framework	implementation analysis, looks at Al as either decision support or	on AI and on implementation issues, if not not specifically on				decision support may not add much value in a clinical setting, but rather visualising complex correlations may be more useful. Explainability is closely related to trust: poor implementation may			
	attention in recent years, but the implementation issues posed by Al have not been substantially addressed. OBJECTIVE: In this paper, we have focused on machine learning (ML) as a form					implementation analysis, looks at Al as either decision support or automation.	on AI and on implementation issues, if not not specifically on inequality.				decision support may not add much value in a clinical setting, but rather visualising complex correlations may be more useful. Explainability is closely related to			
Lin, S. Y., et al. (2019). "Ten Ways Artificial intelligence Will	attention in recent years, but the implementation issues posed by Al have not been substantially addressed. OBJECTIVE: in this paper, we have focused on machine learning (ML) as a form Artificial intelligence (AI) is poised as a transformational force in	2019	USA	General healthcare Primary care	Discussion	implementation analysis, looks at Al as either decision support or	on Al and on implementation issues, if not not specifically on inequality. All needs to complement rather than replace GPs - the focus here			Al needs to complement rather than replace GPs - the focus here	decision support may not add much value in a clinical setting, but rather visualising complex correlations may be more useful. Explainability is closely related to trust: poor implementation may	Israni ST, Verghese A.		
Artificial Intelligence Will Transform Primary Care." Journal of General Internal Medicine	attention in recent years, but the implementation issues posed by Al have not been substantially addressed. OBECTIVE: in this space, we have focused on machine learning (Mil) as a form Artificial intelligence (AI) is poised as a transformational force in healthcare. This paper presents a current environmental scan.	2019				Implementation analysis, looks at Al as either decision support or automation. Focus on performance and	on AI and on implementation issues, if not not specifically on inequality. All needs to complement rather			Al needs to complement rather than replace GPs - the focus here is on GP's being able to keep their busmanity	decision support may not add much value in a clinical setting, but rather visualising complex correlations may be more useful. Explainability is closely related to trust: poor implementation may	Verghese A. Humanizing Artificial		
Artificial Intelligence Will Transform Primary Care." Journal	attention in recent years, but the implementation issues posed by Al have not been substantially addressed. OBIECTIVE: In this paper, we have focused on machine learning (MIL) as a form Artificial instelligence (AI) is posted as a transformational force in healthcare. This paper presents a current environmental scan, through the eyes of primary care physicians, of the top ten ways AI.	2019				Implementation analysis, looks at Al as either decision support or automation. Focus on performance and	on Al and on implementation issues, if not not specifically on inequality. All needs to complement rather than replace GPs - the focus here			than replace GPs - the focus here is on GP's being able to keep their	decision support may not add much value in a clinical setting, but rather visualising complex correlations may be more useful. Explainability is closely related to trust: poor implementation may	Verghese A. Humanizing Artificial Intelligence. JAMA.		
Artificial Intelligence Will Transform Primary Care." Journal of General Internal Medicine	attention in recent years, but the implementation issues posed by Al have not been substantially addressed. OBIECTIVE: In this paper, we have focused on machine learning (MI) as a form a stransformational force in healthcare. This paper presents a current environmental scan, through the eyes of primary care physicians, of the top ten ways, at well impact primary care and its key stakeholders. Wellicuss the systakeholders.	2019				Implementation analysis, looks at Al as either decision support or automation. Focus on performance and	on Al and on implementation issues, if not not specifically on inequality. All needs to complement rather than replace GPs - the focus here			than replace GPs - the focus here is on GP's being able to keep their	decision support may not add much value in a clinical setting, but rather visualising complex correlations may be more useful. Explainability is closely related to trust: poor implementation may	Verghese A. Humanizing Artificial Intelligence.		
Artificial Intelligence Will Transform Primary Care." Journal of General Internal Medicine 34(8): 1626-1630.	attention in recent years, but the implementation issues posed by Al have not been substantially addressed. DBEFCIVE: In this paper, we have focused on machine learning (AM) as a form Antificial intelligence (AI) is policed as a transformational force in healthcare. This paper presents a current environmental scan, through the eyes of primary care physicians, of the top ten ways AI will impact primary care and fits key stakeholders. We discuss tem		USA			implementation analysis, looks at Al As either decision support or automation. Focus on performance and workfocer rather than equality.	on Al and on implementation issues, if not not specifically on inequality. An execution of the complement cather than register GPs - the focus here is on GP's being able to keep their humanity.	as a barrier to implementability.		than replace GPs - the focus here is on GP's being able to keep their	decision support may rost adu much value in a cilical setting, but rather visualising compiles correlation may be more useful. Esplainability is closely rather of the support of the control of the cont	Verghese A. Humanizing Artificial Intelligence. JAMA. 2019;321(1):2		
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Artificial intelligence Will Transform Finning Care 1 Journal of General Internal Medicine 15(6): 12616-12610. Venet, T. C., et al. (2018). "Good transformer of the congist how informatics interventions can worse inequally." Journal of the American Medical Informatics worse intelligence of American Medical Informatics Accountion 16(6): 1000-1008. Charles C. R., et al. (2020). "Deep transfer Medical Informatics Accountion 16(6): 4 Gen Internal Medical Society (1): 4 Gen Int	attention in secret years, but the imperimentation issues pound by imperimentation issues pound by addressed. OSIGITCHI: In the judgment of the imperimentation is an imperimentation is an imperimentation of markine larger (MI) as point a markine larger (MI) as point a markine larger (MI) as point a markine larger (MI) and the larger (MII) and the larger (MIII) and the larger (MIIII) and the larger (MIIII) and the larger (MIIII) and the larger (MIIII) and the la	2018	USA	Primary Care General healthcare General Healthcare General healthcare	Discussion Discussion Discussion/harrather review Quantitative Quantitative	indigeneration analysis, looks at Ma, a celled edicotion support or assessment of the celled analysis of the celle	on As and on implementation wasse, first our specifically on manageality. As seeds to complement rather than replace Girl the focus here to on Girl shing able to keep their humanity. Baselines access, uptake, ablerence, effectiveness Equal prediction for different group, but helped skentily provided in beather Vest majority of cancer generate data (El Si) from caucasian. Tracker's eneming inseed of the Tracker's maning ins	as a barrier to implementability. No Access: 1,2 Uplake: 3. Distruct along ethnic lines: Adherence; 7. Less agency for charge when self. Along 9,10 loss;	sodoconomic drivers of poor health, and target interventions.	than replace GPs - the focus here is on GP's being able to keep their	decision support may not add mixed with a leaf and the substitute of the substitute	Verghese A. Humanizing Artificial		
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Goetz, C. M., et al. (2020). "Perceptions of virtual primary care physicians: A focus group study of medical and data science	virtual technologies in healthcare have advanced rapidly, and healthcare systems have been	2020	Italy	Primary care	Qualitative	Interviews w med- and engineering students on general thoughs of virtual primary care (e.g. Al driven)	Generally positive, acknowledges that mainly conventient for young and healthy patients. Insufficient for complex psychosocial needs.	Availability better. 4. More fair. Worse for complex patients. 6. Less stigma.			Students emphaisise that Al should not become a low-cost alternative to in-person care.	Razzaki S, Baker A, Perov Y, Middleton K,		
graduate students." PLoS One 15(12 December).	adapting care accordingly. An intriguing new development is the virtual physician, which can diagnose and treat patients											Baxter J, Mullarkey D, et al. A comparative		
Hendrix, N., et al. (2021).	independently. METHODS AND BACKGROUND: Artificial	2021	USA	Primary care	Quantitative	91 GPs ranked attributes	Sensitivity, transperance and	9, underrepresentation			GPs generally positive to this, but	study of		
"Artificial intelligence in breast cancer screening: primary care provider preferences." Journal of	intelligence (AI) is increasingly being proposed for use in medicine, including breast cancer	1011		Timely care	Commonte	important for breast cancer screening AI, through chosing between made-up products with	diversity of training data was in order the three most important factors. GPs generally positive	S, underrepresentation			wants radiologists to be accountable and "in-the-loop" for their own acceptability.			
the American Medical Informatics Association : JAMIA 28(6): 1117- 1124.	screening (BCS). Little is known, however, about referring primary care providers' (PCPs') preferences					varying properties.	about this kind of application.							
McCartney, M. (2017). "General	for this technology. METHODS: We identified the most important	2017	IIV	Primary care	Discussion	Reg Babylon Health and "GP at	All is being used to reap easy	Digital divide 5. Worse for	System-wide effects of switching					
practice can't just exclude sick people." BMJ: British Medical Journal 359.		1017		Timery care	SI-SCALARION I	hand"	money for easy patients, whilst difficult patients are being left behind (or have less money left)	complex patients.	resources to easy, young, IT- litterate patients.					
McCradden, M. D., et al. (2020). "Patient safety and quality	Accumulating evidence demonstrates the impact of bias	2020	USA	General Healthcare	Discussion	Recommendations for evaluation of AI systems, ethics	Need to record protected characteristics when doing	9. Underrepresentation. 10. Hidden bias.	Risk of bias in AI to be worse than human bias as it may be percieved			Chen IY, Szolovits P,	Oakden- Rayner L,	
improvement: Ethical principles for a regulatory approach to bias in healthcare machine learning."	that reflects social inequality on the performance of machine learning (ML) models in health						datasets, to be able to analyse for bias. Auditing of products for reliability for target audience,		as "objective" and thus uncritically acted upon.			Ghassemi M. Can Al help reduce	Dunnmon J, Cameiro G, Rle C. Hidden	
Journal of the American Medical Informatics Association 27(12): 2024-2027.	care. Given their intended placement within healthcare decision making more broadly, ML						systemic effects, ongoing monitoring to reduce risk of worsening bias-loops.					disparities in general medical and	stratification causes clinically	
Morley, J., et al. (2020). "The	tools require attention to This article presents a mapping	2020	UK	General Healthcare	Review, narrative	Listing ethical concerns with AI in	Divides ethical issues by	7. Al may push responsibility from	Not only is the algorithm opaque,			mental health	meaningful	
ethics of AI in health care: A mapping review." Soc Sci Med	review of the literature concerning the ethics of artificial intelligence					healthcare. Explicitly focused on issues unique to Al. A	"epistemic", "normative", and "overarching", and by level	PCPs patients, putting the blame for poor outcomes on the patients	the whole chain of actors and event behind and Al decision is					
260: 113172.	(AI) in health care. The goal of this review is to summarise current debates and identify open questions for future research. Five literature databases were searched to support the following					comprehensive review of 156 papers on Al in healthcare-ethics.	(individual - interpersonal - group- society etc.). Acting on Al for a patient includeds gaining knowledge (Al telling them), awareness/reflection and action, all which potentially poses	"poor usage".	very complex.					
Laï, MC., et al. (2020). "Perceptions of artificial	Background Artificial intelligence (AI), with its	2020	France	General Healthcare	Qualitative	Interviewed various stakeholders (not including patients) on how Al	Most doctors were sceptical about how much AI would impact							
intelligence in healthcare: findings from a qualitative survey study among actors in France." Journal	seemingly limitless power, holds the promise to truly revolutionize patient healthcare. However, the					will affect healthcare and the doctor-patient relation.	practice. Does not elaborate on patinet-doctor relationship. Concerns about accountability.							
among actors in France." Journal of translational medicine 18(1): 1- 13.	patient healthcare. However, the discourse carried out in public does not always correlate with the actual impact. Thus, we aimed to obtain both an overview of how						Concerns about accountability.							
Miller, S., et al. (2020). "Patients⇔ utilization and	BACKGROUND: When someone needs to know whether and when	2020	UK	Primary care	Qualitative	523 patients chose to participate in a trial of ADA, a triage bot.	63% of patients claimed the app reduced their GP visits. The vast	The article does not discuss equity as such, but clearly touches on 1		Patients were generally very postive, mainly relating to	" It also became clear that patients often misspelled. We	Torjesen I. Patients find		
perception of an artificial intelligence@based symptom	to seek medical attention, there are a range of options to consider.					Answered survey afterwards.	majority of participating patients was under 50, and younger	and 5: Digital divide and risk for unequal benefit to easy patients.		accessibility. "Although speculative, the fact that older	worked with our product team to address this issue, and Ada is now	GP online services		
assessment and advice technology in a British primary care waiting room: Exploratory pilot study."	Each will have consequences for the individual (primarily considering trust, convenience.						patients also found it more beneficial and more likely to change their decision on care	This also connects to system-wide effects i.e. resource drain.		people found the app just as easy to use but reported less engagement might suggest that	able to recognize and automatically correct a wide range of incorrectly spelt terms."	"cumbersome ," survey finds. BMJ		
JMIR Human Factors 7(3).	usefulness, and opportunity costs) and for the wider health system						level. (22 % of under 24, 0 % of over 70).			the issue is not one of usability or familiarity with technology.	of incorrectly spectarins.	2019 Jul 22:366:14800.		
Murphy, K., et al. (2021). "Artificial intelligence for good	BACKGROUND: Artificial Intelligence (AI) has been	2021	Canada	General Healthcare	Review, narrative	Four ethical themes: Accountability, trust, bias and	Noted assymetry in previous research with focus on clinical	9, 10. Bias and underrepresentaion. 7. Al may				Corbett J, d'Angelo C,		
health: a scoping review of the ethics literature." BMC Medical	described as the "fourth industrial revolution" with transformative					privacy.	medicine and less on public health and society-wide effects.	increase inequalities due to commonly pushing self-				Gangitano L, Freeman J.		
Ethics 22(1).	and global implications, including in healthcare, public health, and global health. Al approaches hold							management				Future of health:		
	promise for improving health systems worldwide, as well as											findings from a survey of stakeholders		
Skorburg, J. A. and J. Yam (2021). "Is There an App for That?: Ethical	Well before COVID-19, there was	2021	Canada	Psychiatry	Review, narrative	Discussing the opportunities for Al in psychiary and the risk of	Many digital and Al tools suggested as part of C19 recovery	Digital divide. 2. Increased availability. 9. Skewed datasets	Investment and adaptation of new technologies will be biggest in					
Issues in the Digital Mental Health Response to COVID-19." AJOB Neurosci: 1-14.	potential of various digital technologies such as tele-health,					inequalites. Potential benefits low, risk of inequality high!	in mental health are likely inefficient. Resources should		high SES. Also risks pushing SDH interventions aside.					
Neurosc: 1-14.	smartphone apps, or Al chatbots to revolutionize mental healthcare. As the SARS-CoV-2 virus spread across the globe, clinicians warned of the mental						instead be put on fixing existing inequalities with evidence-based methods. Only 2 of 73 apps on Google Play had evidence of efficacy.							
Obermeyer, Z., et al. (2019). "Dissecting racial bias in an	clinicians warned of the mental	2019	USA	General Healthcare	Quantitative	Comparison of biomarkers for mobidity (HBA1C and creatinin)	Black americans needed to be significantly more ill to be	10, 11.			The importance of involving target communities along the whole			
algorithm used to manage the health of populations." Science						and recommendations by an Al to offer them extra care on their	recommended, "problem formulation" of using costs as a				development process to avid faulty problem formulations.			
366(6464): 447-453.						health insurance, by race.	proxy for need, in a society where Black communities spend less money on care for all kinds of							
							reasons (access, cost etc).							
Razzaki, S., et al. (2018). "A comparative study of artificial intelligence and human doctors				Primary care	Quantitative	Comparison of Babylon Triage								
		2018	UK	7 mary care		with four GPs for triaging patients	Babylon slightly surpasses GPs "safety" (i.e. sensitivity) and							
for the purpose of triage and		2018	UK	7 many care		with four GPs for triaging patients to A&E, GP, nurse, home.	"safety" (i.e. sensitivity) and slightly underperforms in "appropriateness" (specificity), is							
		2018	UK			with four GPs for triaging patients	"safety" (i.e. sensitivity) and slightly underperforms in							
for the purpose of triage and diagnosis." arXiv preprint arXiv:1806.10698. Romero-Brufau, S., et al. (2020). "A lesson in implementation: A	BACKGROUND: To explore attitudes about artificial	2018	UK	Primary care	Qualitative	with four GPs for triaging patients to A&E, GP, nurse, home. Qual study of primary care staff before and after an Al decision	"safety" (i.e. sensitivity) and slightly underperforms in "appropriateness" (specificity), is around 90/80 percent cornect respectively. Notably no mention of equality or risk of bias.	with SDH and psych as not as		Al in this form porly suited to work with SDH and individual	Poor acceptance as doctors found it obvious that it did not take 5DH			
for the purpose of triage and diagnosis." arXiv preprint arXiv:1806.10698. Romero-Brufau, S., et al. (2020). "A lesson in implementation: A pre-post study of providers' experience with artificial	BACKGROUND: To explore attitudes about artificial intelligence (AI) among staff who utilized AI-based cilinal decision				Qualifative	with four GPs for triaging patients to A&E, GP, nurse, home. Qual study of primary care staff before and after an Al decision support tool for diabetes management. Focus on	"safety" (i.e. sensitivity) and sightly underperforms in "appropriateness" (specificity), is around 90/80 percent correct respectively. Notably no mention of equality or risk of bias. Users were not satisfied. Reasons included that clinicians wanted to see why something was recommended; explainable,	S. (sort of); All not able to work with SOH and psych as not as quantifiable.		Al in this form porly suited to work with SDM and individual factors such as unemployment etc.	it obvious that it did not take SDH into account. Need to be clear what the AI can and cannot do, so			
for the purpose of triage and diagnosis." arXiv preprint arXiv:1806.10698. Romero-Brufau, S., et al. (2020). "A lesson in implementation: A pre-post study of providers'	BACKGROUND: To explore attitudes about artificial intelligence (AI) among staff who utilized AI-based clinical decision support (CDS), METHODS: A survey was designed to assess				Qualitative	with four GPs for triaging patients to A&E, GP, nurse, home. Qual study of primary care staff before and after an Al decision support tool for diabetes	"safety" (i.e. sensitivity) and slightly underperforms in "appropriateness" (specificity), is around 90/80 percent correct respectively. Notably no mention of equality or risk of bias. Users were not satisfied. Reasons included that clinicians wanted to see why something was	with SDH and psych as not as		work with SDH and individual	it obvious that it did not take SDH into account. Need to be clear			
for the purpose of triage and diagnostis." arXiv preprint arXiv:1806.16698. Romero Brufau, S., et al. (2020). "A lesson in implementation: A pre-post study of providers' experience with artificial intelligence-based clinical decision support." in IX Med Inform 317.	BACKGROUND: To explore attitudes about artificial intelligence (a)) among staff who utilized A-based clinical decision support (CDS). METHODS: A				Qualitative	with four GPs for triaging patients to A&E, GP, nurse, home. Qual study of primary care staff before and after an Al decision support tool for diabete management. Focus on implementation, survery before	"safety" (i.e. sensitivity) and sightly underperforms in "appropriateness" (specificity), is around 90/80 percent correct respectively. Notably no mention of equality or risk of bias. Users were not satisfied. Reasons included that clinicians wanted to see why something was recommended; explainable,	with SDH and psych as not as		work with SDH and individual	it obvious that it did not take SDH into account. Need to be clear what the AI can and cannot do, so it can complement doctors			
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for the purpose of triaga and diagnosis." And yeeprote arXiv:1806.10098. Romero Brufau, S., et al. (2020). A lescon in implementation: A pre-post study of providers' experience with artificial intelligence-based clinical decision support." Int J Med Inform 137: 104077. [2018]. Artificial Intelligence in	InACCIDECULED: To suppore statistics above it existed whether shows it existed whether shows it existed and the statistical decision support (DS). MCTH/DDS: A travery wast designed to assets as the statistic of the support (DS). MCTH/DDS: A travery wast designed to assets as consumpounds and evolutionally. The contents represent a series of control to the statistic over the spring and summer one to min interview conducted over the spring and summer shows the statistic over the spring and summer shows the spring and spring a				Qualifative Report	with four GPs for triaging patients to A&E, GP, nurse, home. Qual study of primary care staff before and after an old diction management. Focus on implementation, survey before and after for different parts of the consultation. Commissioned by NHS Digital.	"safery" (is. sensitivity) and significant control of the sensitivity) and significant control of the sensitivity of the sensit	with SDH and psych as not as quantifiable. 1, 2, 5: lonelyness and social	"worried well" due to these using Al systems excessively and interpreting it wrongly (e.g.	work with 50H and individual factors such as unemployment etc. Some degree of dehumanisation likely long term. Would the role of the doctor as trustworthy and "unique" change if everyone can have an All in the protekt? Who	It obvious that it did not take SDH into account. Need to be dear what the AI can and cannot do, so it can complement doctors instead of replacing/replicating. Risk that the healthcare system becomes overwhelemed by the "worried well" due to these using AI systems excessively and interpreting it wrougly (e.g.			
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March Marc													
A Company A Co	"Artificial intelligence in health		2019	USA	General healthcare	Report	National academy of medicine report outlining successful	Augmentation rather than replacement. Clear use case for Al	9, 10, 11.	Consumer-facing heath-care services tends to widen	centre of implementation and		
Company	care: the hope, the hype, the							imperative for each application.		inequalities?	development. Risk of damaging		
Market M	Publication. Washington, DC:							technologies have often worsened			public trust if unequal.		
March Marc	National Academy of Medicine: 154.							inequalites.					
March Marc													
March Marc	Ronquillo, C. E., et al. (2021).	AIM: To develop a consensus	2021	UK	General healthcare	Qualitative	Summary of discussions at a	Outlines priorities for how to			Risk that quantity of care takes		
March Marc	"Artificial intelligence in nursing:	paper on the central points of an					nursing think-tank on Al and	successfully integrate AI in			over quality of care in nursing if		
March Marc	an international invitational think-	tank on nursing and artificial					inazing.e	and the importance of good data,			marses men c properly involved.		
Manual Property Manual Pro	Intelligence Leadership	established the Nursing and						including data collected by nurses. 2. Curriculum needs to be					
March Marc	Collaborative." J Adv Nurs 77(9):	Artificial Intelligence Leadership						complemeneted by AI teachning.					
Company	3/0/-3/1/.	interdisciplinary experts in Al						creation and implementation of					
Part	Organization, W. H. (2021).		2021	Switzerland	General Healthcare	Report	Big important piece on successful		1, 2, 3, 5, 9, 10, 11				
Service of the control of the contro	intelligence for health: WHO	1					use of AI in healthcare.	provide screening and evaluation			resources away from public health		
March Marc	guidance."							tasks in under-resources settings.			and SDH.		
March Marc													
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March Marc	Whittiertone I at al (2019)	This report sets out a broad	2019	UK	General	Report	Directions for research on othical	Highlights the incoherence in the	9 10 11 Play and the meaning of		Bublic involvement law to clarify		
Part	Ethical and societal implications or	f roadmap for work on the	2019	OK.	General	report	implications of AI, with	use of "bias", "fairness". Also that	bias.		the concepts and preferences		
Part	intelligence: a roadmap for	algorithms, data and					gaps. Comprehensive!	fair than the human decisions it			regarding fairness.		
March Marc		Al (ADA). Their impact on people						replaces. Simply stating that a system should be fair is not					
And continued		practically every question of public											
Column C		policy, but discussion is not necessarily based on a											
Part	Samorani, M. and L. G. Blount		2020	USA	Primary care	Discussion			10, 11. See original article in				
Part	Medical Appointment Scheduling:						access worse for low SES.	more black than white people, as	references!			Blount LG, Lu	
Commonwealth Comm	Creating and Perpetuating											H, Santoro	
Company	Care." Am J Public Health 110(4):				1							Overbooked	
March Marc	440-441.											overlooked:	
The content of the co		1											
And the property of the proper	"Overbooked and overlooked:		2021	USA	Primary care	Quantitative	over-booking systems (Black	which optimises waiting time first	10, 11.				
March Marc	machine learning and racial bias in	:			1		patients get overbooked more	and foremost for the racial group					
March September Marc	Manufacturing & Service						longer, as they statistically are	removes the racial divide. My own			1		
March Marc	Operations Management.						more likely not to show up)	equity rather than equality? It			1		
								clearly is transformative rather					
The grant of the register of the property of t	World Health Organisation (2021)		2021	Switzerland	General healthcare	Report	Advise to governments on how to		1,2, 9, 10, 11		Al and digital healht will bring big		
Market 1, and 7 (2016). Market 2, and 7 (2016	"Global strategy on digital health			1			successfully implement digital	commitment from governement			changes and create opportunities		
And the post of th	2020-2025						including ethics.	health with education, evaluation.			taken. Participatory approaches		
Many Control C											important in development and implementation. Special care		
March Control Contro											needs to be taken for minorites		
Table 1 Section 1 Annual Continues of the Continues of th											and populations at risk to be left outside the digital revolution.		
The Control of Control	Fukuda-Parr, S. and E. Gibbons	Voluntary guidelines on 'ethical	2021	UK	General Healthcare	Review, narrative		In terms of equality, strong focus	10, Bias	Risk of availability bias due to		WHO. (2019)	
The Control of Control	'Ethical Al': Human Rights Critique	by stakeholders to address the					general reviewed)	on bias.			calling for a Human-Rights based		
The property of the property o	of Stakeholder Guidelines." Global Policy 12(56): 32:44	growing concern over harmful									approach for equality,	Digital Health	
Service Control Contro	7 UNLY 12(30): 32-44.	intelligence and digital									рагоорасон, ассолналну.	Geneva:	
Jest photograph control control of the control of t		actors from industry, government										WHO.	
Total Total and		and professional associations, the											
and anticology in company of the control of control of the control of t	Gottliebsen, K. and G. Petersson (2020). "Limited evidence of		2020	Sweden	Primary care	Review, narrative	Review of studies on implementation and performance	Poor evidence base, and generally poor accuracy. Needs better			Risk of higher workload and unforseen consequences from Al		
The control of the co	benefits of patient operated	workload in general practices is					of primary care Al triage systems	evaluation!			triage due to lack of good		
International Control of Control	tools: Findings of a literature	digitalisation of healthcare									researcit		
Text, 1 (1973). This pulsaries is a property of the first	review." BMI Health and Care Informatics 27(1).	intelligence has been suggested as											
More a part of programs of the control of the contr		a solution to this problem. We											
From montane and modes and modes of the control of	Straw, I. (2020). "The automation		2020	USA	General healthcare	Discussion	Discussion article looking at the	The shift to AI is a paradiem shift	9. 10. 11. Focuses on algorithmic			ACM Policy	
and course and many favors of the course of	of bias in medical Artificial	crossroads. With the rapid					rorigins of inequalities and the	that givens opportunity to address	bias.			Council.	
Agreed of the following control of the control of t	past to create a better future."	(AI) into the healthcare field the	1				role of Al in relation to this.	right. "we do not have datasets				algorithmic	
According to the beginning of degrees and security of the control of the property of the cont	Artif Intell Med 110: 101965.												
weaked are for in year, or if you wanted and control to a		now. Demographic healthcare						representative of diagnoses and				accountability	
Anticle continging and expenditures and expenditures and expenditures for the continue of anticle continue (pg. 6), to see find places from the continue of anticle continue (pg. 6), to se find places from the continue of anticle continue (pg. 6), to se find places from the continue of anticle continue (pg. 6), to se find places from the continue of anticle continue (pg. 6), to se find places from the continue of anticle continue (pg. 6), to se find places from the continue of anticle continue of antic													
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The Court Cipil Line 2013 17-17 or Security Office and Cipil	Machine Learning for HIV	applications of artificial intelligence (AI), including					select patients.	was in one study found to identify a large proportion of black	security (MSM) 6. (sort of), being able to detect patients who would		participatory approaches to implementations is important.		
Work of the T100 T3 - T3	Prevention: Emerging Approaches to Ending the Folderic " Corr	machine learning (ML), in the field						patients as high-risk for HIV (28	not otherwise come, 9, 10, 11				
Security for proposation programs for programs of programs for programs of programs for programs of programs for programs	HIV/AIDS Rep 17(3): 171-179.	FINDINGS: ML approaches have						were black. This could either be	missed)		1		
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